Mr. Liakatali Hasham

# Bagshot Park Care Centre

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Good** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

At the time of our inspection Bagshot Park Care Centre provided specialist care and accommodation for a maximum of 50 adults who are diagnosed with acquired brain injury, other neurological conditions such as multiple sclerosis and Parkinson's as well as strokes and complex needs. Following the inspection, the provider varied their registration to a maximum of 35 adults.

There is an in-house multidisciplinary team, which consists of two physiotherapists, speech and language therapist and two rehabilitation assistants. When required, staff have access to a locum occupational therapist and psychologist.

At the time of our inspection 12 people were living at Bagshot Park.

This inspection took place on 8 December 2015 and was unannounced.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager was present during part of our inspection.

Care plans contained information to guide staff on how someone wished to be cared for. Although we found records held for people were not always contemporaneous.

People were not offered individualised, meaningful activities and there was little going on at the service during our inspection.

Safe recruitment practices were not always followed, which meant the provider could not be assured they always employed staff who were suitable to work at the service.

Risks to people had been identified and accidents and incidents were recorded and appropriate action taken.

People received care from a sufficient number of staff. Staff maintained people's health and ensured good access to healthcare professionals when needed. People received their medicines in a safe way as staff followed correct and appropriate procedures in administering medicines.

People were cared for by staff who cared about them. Staff demonstrated they were kind and respectful to people. Care was provided to people by staff who were suitably trained. People and relatives were happy with the care provided and they were made to feel welcome when they visited.

People were provided with a choice of meals each day and those who had dietary requirements received appropriate food.

Staff understood the legal requirements in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The correct processes were followed when people did not have the capacity to make a decision.

Staff received relevant support from their manager. This included regular supervisions and undertaking training specific to their role. Staff were able to evidence to us they knew the procedures to follow should they have any concerns about abuse or someone being harmed.

Quality assurance checks carried out by staff to help ensure the environment was a safe place for people to live and people received a good quality of care. People, relatives and staff were involved in the service as regular meetings were held and suggestions made were listened to.

Complaint procedures were available to people and should the service have to be evacuated there was a contingency plan in place which meant people's care would be uninterrupted.

During the inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not consistently safe.

The provider did not always carry out appropriate checks when employing new staff.

There were enough staff on duty to meet peoples needs.

Staff followed safe medicines management procedures.

People's risks were known to staff and had been assessed and recorded.

Staff were trained in safeguarding adults and knew how to report any concerns. There was a contingency plan in place in case of an emergency.

### Is the service effective?

**Good**

The service was effective.

Staff were trained to ensure they could deliver care based on latest guidance.

Staff followed the legal requirements in relation to Deprivation of Liberty Safeguards and the Mental Capacity Act.

People were provided with food and drink which supported them to maintain a healthy diet.

People received effective care and staff ensured people had access to external healthcare professionals when they needed it.

### Is the service caring?

**Good**

The service was caring

People were treated with kindness and care, respect and dignity.

Staff encouraged people to make their own decisions and feel independent.

Relatives were made to feel welcome in the service.

## Is the service responsive?

**Requires Improvement**

The service was not always responsive.

People were not offered a range of individualised, meaningful activities.

Care plans contained the necessary information about people to ensure staff knew what care to provide.

People were given information how to raise their concerns or make a complaint.

## Is the service well-led?

**Requires Improvement**

The service was not consistently well-led.

Records were not always completed in a contemporaneous way.

Staff felt supported by the registered manager.

Quality assurance audits were carried out to ensure the quality and safe running of the home.

People, relatives and staff were involved in the running of the home.

# Bagshot Park Care Centre

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 8 December 2015. The inspection team consisted of three inspectors and a specialist nurse adviser.

Prior to this inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

On this occasion we did not review the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was because we inspected this service sooner than we had planned.

As part of our inspection we spoke with six people, the area manager, the registered manager, the care manager, four staff and two relatives. As most people living at the service were unable to communicate with us, we observed staff carrying out their duties, such as assisting people to move around the home and helping people with food and drink.

We reviewed a variety of documents which included six people's care plans, seven staff files, training information, medicines records and some policies and procedures in relation to the running of the home. We reviewed the outcome of a recent local authority quality assurance visit.

The service was last inspected in 2013 when we had no concerns.

Requires Improvement

# Is the service safe?

## Our findings

Staff recruitment records did not always contain the necessary information to help ensure the provider employed staff who were suitable to work at the home. For example, two members of staff had not completed a health declaration to show they were fit to work and the provider had failed to obtain references in relation to one nurse. Other information that was included was a recent photograph and a Disclosure and Barring System (DBS) check as well as evidence the nursing staff were registered with the Nursing and Midwifery Council. DBS checks identify if prospective staff had a criminal record or were barred from working with adults at risk.

The lack of robust recruitment procedures was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt there were enough staff around to keep them safe. One person told us they used their call bell to attract staff attention. Another said, "There are people (staff) around. I can use the buzzer and staff come quickly." A third person told us they felt safe with staff. A relative said, "When I walk out that door I know that he is safe. It's the care he gets and I feel there are enough staff around." One person told us there were plenty of staff and they were always popping their heads around their door to check they were okay.

People were cared for by a sufficient number of staff. We found on the day there was a sufficient number of staff on duty. We did not see people having to wait to be attended to. A member of staff told us they felt there was enough staff on duty and they had time to talk to people as well as to carry out care tasks. The area manager said they used a computer based assessment tool which determined an assessment of people's needs to calculate staffing levels. She told us there was always a nurse on each of the two floors and at present because of people's needs there were three care staff on each floor. This was confirmed by the staffing rotas we saw and what we saw on the day. The area manager said agency usage was not high but if they did use agency staff they used the same people for consistency.

Accidents and incidents that occurred were recorded and reviewed by the registered manager. We noted nine incidents had occurred in the last six months which included someone falling and one person developing a pressure sore. Staff recorded detailed information about each incident together with the action taken at the time. For example, the involvement of external health care professionals in relation to the pressure sore.

Risks to people had been identified and assessments drawn up to help keep them safe. For example, moving and handling risk assessments. We noted guidance for staff in relation to moving people to reduce the risk of musculosketal injury. One person said staff had risk assessed their walking up and down the stairs and said there were hand rails on each side to help them. Staff were knowledgeable about the risks to people and were able to describe some individual risks. For example, one person who could not walk without the assistance of two staff.

People were protected from the risks of abuse and harm. Staff had a good understanding of the different types of abuse and described the action they would take if they suspected abuse was taking place. Staff were able to tell us about the role of the local authority in relation to safeguarding. One staff member told us they would raise the alarm with their senior and higher if needed.

In the event of an emergency the service contingency procedures would be followed and people's care would continue with as little impact as possible for them. Each person had an individual personal evacuation plan in place. Staff carried out fire drills so they would know what to do in the event of a fire and a recent fire risk assessment had been completed.

People's medicines records were up to date which meant staff would know when people had received their medicines. Each person had a medication administration record (MAR) which stated what medicines they had been prescribed and when they should be taken. MAR's included people's photographs and there was a signature list to show which staff were trained to give medicines. We found no signature gaps in relation to people's MAR's which meant people had been given their medicines when they required them. Where someone had refused their medicines or it was not required this was clearly recorded.

Good medicines management processes were followed. The medicines fridge temperature was monitored. The medicines trolley was locked at all times between use and there was documented evidence of destroyed and returned medicines as well as stock checks and audits undertaken. Staff had a medicine policy providing guidance on the safe administration, handling, keeping, dispensing and recording of medicines.

Good

# Is the service effective?

## Our findings

When asked about the food, one person told us, "The food is good, you get a menu in advance and get alternative food if you want it. You get plenty to drink and staff weigh me every couple of months." Another told us, "If I don't like something I feed back to the chef, they are always receptive to my feedback." A relative told us that their family member who was fed via a PEG (feeding by intravenous tube) was always fed at the correct time and there was never a delay, "They are always there on the dot."

People's dietary requirements and nutritional needs, for example, if someone required pureed food or if they were diabetic were known by staff. People were given appropriate food in relation to what was in their care plan and where advice had been sought from professionals, such as the Speech and Language Therapy team. People received their lunch promptly and staff told us they could always request an alternative meal if they did not like the options available to them. Staff gave people choice throughout lunch. For example, what they would like to drink or whether or not they needed help to eat. People could choose where they ate their meal. We saw some people ate in the dining room whilst others ate in their rooms.

The chef told us they had a four-week rolling menu, but would prepare something special if someone wished it. For example, they said one person liked lamb and they always ensured there was lamb available if they wanted it. As most people were immobile the chef was conscious of providing a range of foods that were healthy and nutritious but not high in calories. Food was homemade and the chef told us, "I wouldn't cook anything I wouldn't eat myself." They added, "Meals are a key part of the day so very important to people and they should be nicely presented." People were provided with drinks when they wanted them and the lunchtime meal looked healthy and nutritious.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) processes were implemented appropriately. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People's care plans contained evidence of mental capacity assessments and best interest meetings. For example, in relation to not being able to make the decision to live at Bagshot Park. Staff were able to demonstrate to us a good understanding of the MCA and why the legal requirements should be followed. One person told us staff always asked for their consent before they gave care.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had submitted appropriate applications in relation to people.

People were supported by staff who were trained, competent and able to do their duties unsupervised. Staff received induction when they started work in the service. One staff member said the induction was, "Very

good" and gave them, "Confidence to do the job." They said they had on-going training and had started their national qualification in health and social care. The range of training topics included health and safety, food hygiene, infection control and moving and handling. Specialist training was provided appropriate to the needs of people. For example, PEG (feeding tube) and brain and neuro training. Staff understood the reasons for monitoring people's weights. One member of staff told us, "People are weighed to see whether they are putting on weight or losing as this is a sign that something else might be wrong."

Staff had the opportunity to meet with their line manager on a regular basis. This gave them the opportunity to discuss any aspects of their job and for the registered manager to check they were applying their training in practice. One member of staff said they had regular supervision with a clinical manager to discuss any issues or training requirements. They told us they found this useful and helped them to identify any training needs they may have.

People received effective care and were able to communicate with staff as staff understood people. We saw staff show patience to people who had communication difficulties and staff understood what people were asking for. People's individual communication was recorded in their care notes. For example, one person used the thumbs up or thumbs down sign. A member of staff told us by continuing to provide effective care people could improve. For example, they said one person was now able to turn their head and open their mouth for oral healthcare which they could not do when they first moved in. Another person had been discharged from the physiotherapy service because they had regained their mobility. A person told us that since being at Bagshot Park their speech had improved and they could now walk and cook for themselves. A third person said, "Immediately I came here I started to make great improvements."

The health needs of people were met. Care plans evidenced the involvement from both internal and external health professionals. For example, a weekly GP visit, dietician, optometrist or audiologist. Guidance was available to staff to keep people healthy. For example, guidance on how often to reposition a person in their bed or their chair to reduce the risk of pressure sores. People were referred to health professionals when appropriate, For example, we read the GP had been called in relation to a skin condition for one person. One person told us they could see health care professionals when they needed to. Another told us how grateful they were to the physiotherapy team. They told us because of them they had gradually improved.

Good

# Is the service caring?

## Our findings

One person told us, "Staff are very nice." Another said, "The carers are all quite good, no carer has ever done anything wrong." A further said, "Care if good, staff are kind." Another person told us, "They (staff) are all kind, haven't met an unkind one." Feedback we received from relatives in terms of the care their family member received was positive. One told us, "I think the care is excellent, the staff and nurses are excellent." Another said, "The care is excellent. Always there when you want them." A social care professional had recorded, 'welcoming and inclusive atmosphere' during a recent visit.

People received care and treatment from caring staff. When staff interacted with people it was in a positive way. For example, one member of staff sat between two people at lunch and talked to one person about her hair and nails and chatted to the other. One person told us the staff were good. On another occasion we heard a staff member exchange easy-going banter with one person. A member of staff told us, "I love working here."

Staff knew people well and encouraged them, where possible, to be independent. Staff were able to describe people in detail to us and tell us why people were currently living in Bagshot Park. This was not just clinical needs, but they told us about people's backgrounds and what had happened to them. One person told staff they were going outside for some fresh air and staff recognised this person's need for some independence. Another person told us the steps on the stairs were low which enabled them to walk up and down them without staff so they remained independent.

Staff treated people in a kind and observant way. For example, one person asked for the channel of the television to be changed whilst they were at the table waiting for their lunch. Staff changed the channel straight away and checked with the person it was what they wanted. One person told us they hung their bathroom towels in a certain way and staff had noticed this and followed suit. This person said this meant a lot to them. One person liked music and staff had ensured their radio was tuned in to the channel they liked.

People could make their own decisions. For example, we heard a member of staff ask someone if they would like their lunch. The person responded to say they were not hungry and the staff member agreed to bring the meal back later for them.

People were able to have privacy when they wanted it. People chose where they wished to spend their time and people returned to their rooms after lunch or sat in another area of the service to have some time on their own. Staff respected their choices.

People were looked after by staff who were passionate about their work. Staff were clearly dedicated to their job and to the people they looked after. One member of staff told us it was, "Most important staff cared for people's emotional needs as well as their physical needs." They added they would not give people hope but ensure they gave support and assistance to help people improve. One person told us staff made them feel they were a valuable, individual person.

People were treated in a respectful way and with dignity. We saw staff knock on people's doors and staff told us they would always ensure they covered someone when carrying out personal care. Respect and dignity were monitored as part of staff supervision. One person told us staff would always knock on their door before entering and if they asked to wake them up at a particular time they would do this. Another said they always addressed them by their preferred name. They told us, "They (staff) treat me with dignity, it's not nice when you are being strip washed but they are respectful." A relative told us staff asked them to leave the room when they were carrying out personal care with their family member.

People's choices and preferences for their end of life care was clearly recorded. Information was written in a dignified way and families and those who mattered to people were involved.

Relatives and friends were welcomed into the service. We saw relatives visit on the day of the inspection and it was clear staff knew them. One person told us their family could come whenever they wanted to. A relative told us, "I always feel welcomed here. All the staff have a caring nature."

Requires Improvement

# Is the service responsive?

## Our findings

Activities were available however there was a lack of atmosphere in the home and not much going on. We noted the activities board showed three external entertainment events for December. Later in the day we found the activities board had been changed and full months' activities were listed. This included quizzes, relaxation groups and individualised activities for people based on their ability and mobility. People had access to a hydro-pool for therapy sessions and there was also an in-house gym which people could use. We saw one person use gym equipment during the morning. As a result of discussion with people, a gardening group had been established and regular live entertainment of singers organised. People had mixed feedback in relation to the activities. One person told us they didn't like going to the activities as they preferred to stay in their room, but they would like to go out more. Another said, "It's okay here, a bit boring with the same routine." A relative told us people needed more stimulation. Another relative said, "They do need more activity here."

There was a lack of spontaneous conversation between staff and people and we did not see staff interact in a way that would indicate they were participating in activities with people. We noted at a recent staff meeting it was reported that people had commented that staff, 'did not have much time to chat or socialise with them'. The outcome of the last relatives audit showed they were disappointed with the activities. Comments included, 'activity programme – nothing in the afternoon' and, 'unsatisfied with activities'. A member of staff told us things were improving but they felt there was still a way to go to improve the activities.

People said a pre-assessment of their needs was carried out before they moved into the service. This was to ensure the service could provide the appropriate care and treatment that they required. One person told us, "Staff visited me in hospital to assess my needs before I moved in here to see if I was suitable."

Staff had information available to them on people's care needs. People's care plans contained care needs, past life and interests. For example, one person liked music and particular television programmes and this had been recorded. Other information contained in records included an assessment of people's risks of pressure ulcers and their malnutrition assessment. Together with people's care and medical needs, there was information on the emotional support people required and whether or not they had any particular behaviours. For example, one person could display inappropriate behaviour and guidance was available to staff on how to respond to this. One person told us they were involved in their care planning and was asked what care they wanted. Another told us, "I am very involved in my care planning, I read my care plan and feed back anything that I feel needs changing."

Handover meetings were held between staff during each shift change which meant staff would know of any changes to a person's need or anything important that had happened during an earlier shift. Important information in relation to people was stored at the front of their care plan. For example, food intolerances or information in relation to staffing levels required for individual people. Staff used photographs to chart people's progress when appropriate. For example, to show improvement in pressure sores. Observation charts were kept in people's rooms which included repositioning, pressure mattress, vital signs and fluid

intake charts. These records were fully kept with no gaps.

People were provided with information on how to make a complaint or comment on any issue they were not happy about. There was a complaints policy available. There was a complaints log and we read that formal complaints that had been received had been dealt with promptly. One person told us they did not have any complaints, but would go to the (registered) manager if necessary. They said, "Small niggles are dealt with." Another person told us, "If I'm unhappy I pass it through the nurse in charge." A relative said they had made a complaint and it had been dealt with promptly by the (registered) manager and to their satisfaction.

Requires Improvement

# Is the service well-led?

## Our findings

People received the care they required however records were not always contemporaneous and information was incomplete. For example, up to date care plans were not always available for people and information in relation to people's identified risks was minimal. There was a lack of personalised history in some people's care records meaning staff may not have sufficient information to develop a good knowledge of people and their backgrounds. Although staff were able to describe to us what they would do if someone's PEG (tube) became dislocated, this was not recorded in individual care records. Care records for people were held in two places – in hard copy format and on a computer system. This made it difficult to build a good picture of the care a person required without reading both in conjunction with each other as information was not always recorded in both places. For example, the computer records did not always record clinical history and reasons for admission.

The lack of contemporaneous care records was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When asked if there was anything they would change about Bagshot Park, one person told us, "Nothing, the food is the best thing." Another person said they were not unhappy with any aspect of their care and would rate the service four (out of five). A third person told us, "I wouldn't change anything about the care, I would recommend the service." A relative told us, "It's a wonderful place. I am never worried and I have peace of mind."

Relatives and people were happy with the management of the service. One relative told us, "It's well managed here, the (registered) manager is very good. He has an open door policy and any concerns we just go to him." Another said, "He (the registered manager) is wonderful, his door is always open." One person told us, "He (the registered manager) is the man with the ideas."

People and their relatives were supported to be involved in the running of the service and feedback was acted upon. Residents meetings were held which involved a varying number of people. For example, the last meeting had no attendance because people were participating in their therapies, but the previous meeting was attended by five people. Topics discussed at this meeting included the food and activities. The last relative's meeting discussed staffing, activities and physiotherapy (relatives wanted more of both) and ramps for the lounge door. We saw ramps had been fitted and were told by the area manager that an additional physiotherapist had been recruited. One person told us, "I think my opinion is valued, I asked for the light in my ceiling to be left on as I struffle with my bed lamp and staff do this."

Relatives were encouraged to give their feedback. We read the outcome of the last feedback audit to which three relatives had responded. We read relatives were happy with the care provided, but disappointed with the activities. This had been responded to as the provider had recruited an activities co-ordinator. A relative said, "We get asked to fill in surveys. We have meetings. We asked for a ramp to be put in and this was done." Another told us, "They involve us in ideas for the service."

Staff felt supported by the registered manager. They told us they saw him around and he was, "Open to things, easy to speak to and knew the people living at the service." One member of staff said often the registered manager noticed things that some staff would not. They felt this was because the registered manager was a qualified physiotherapist, so they had a good clinical knowledge. Another member of staff said the registered manager was always there, very open and they felt comfortable talking about anything with them. They said the registered manager, "Always responds. Always listens." A social care professional had noted during a recent visit, 'staff morale and team working appears good'.

Staff were involved in the running of the service as regular staff meetings were held. We read discussion included staffing levels, training and any general information about the service. A member of staff told us they used the staff meetings as an opportunity to speak up about things they wished to raise and they were encouraged to do this. Other meetings that took place were housekeeping, nurses, team leaders and clinical governance meetings. All discussed various aspects in relation to the service.

Quality assurance checks took place to help ensure a good quality of care was provided and the environment was a safe place for people to live. For example, medicines, accidents, health and safety and falls audits. Actions identified in these audits were addressed. For example, a recent medicines audit identified an issue in stock control. This was raised at a staff meeting and staff reminded of the importance of recording stock levels. The provider carried out general audits which looked at the environment and infection control. Other regular checks included the water, fire alarm and equipment checks.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Diagnostic and screening procedures<br><br>Treatment of disease, disorder or injury | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The registered provider had not ensured contemporaneous care records were held for people. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Diagnostic and screening procedures<br><br>Treatment of disease, disorder or injury | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed<br><br>The registered provider had not followed robust recruitment processes. |